SECTION A: FEES & REQUIREMENTS (Bus. & Prof. Code, §§7582.17, 7582.14.)

SECTION D: LICENSEE/ APPLICANT CERTIFICATION

Signature of Applicant



## **BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002, West Sacramento, CA 95798-9002 (800) 952-5210 Fax (916) 575-7290 www.bsis.ca.gov



## REQUEST FOR COMPANY NAME CHANGE PRIVATE PATROL OPERATOR

\$25.00 Non-Refundable Fee

(An incomplete form will not be processed.)

License Number
PPO

To change your business name, please include a \$25.00 non-refundable processing fee with this form for the

issuance of a new license.			
	ntity and a new application with appropriate fees must be y and become licensed as a sole owner and later decide to form I. Code Regs., tit. 16, §607.4)	a	
You may not operate under a requested company name unless and until you have obtained written authorization of the Bureau to do so.			
SECTION B: LICENSEE/APPLICANT INFORMATION (PLEASE PRINT)			
Requestor Name (Last)	(First) (MI)		
Position Title	Current Company Name		
Last 4 digits of your Social Security Number	Date of Birth (Month/Day/Year)		
SECTION C: REQUESTED COMPANY NAMES (Bus. & Prof. Code, §7582.17.)			
Please list at least five names for consideration. The first name requested will be approved unless the name is so similar to that of a public officer or agency or any name that is being used by another licensee that the public may be confused or misled thereby.			
1.	4.		
2.	5.		
3.	6.		

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this

application are true and accurate, and that I did not change my company name for purposes of fraud.

rev. 05/2012

Date